

# CLAIMS ONLY

Application Number

161724886

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep		Depend		Indep		Depend	
1			/				51							
2				/			52							
3				/			53							
4				/			54							
5				/			55							
6				/			56							
7				/			57							
8				/			58							
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11				/			61							
12				/			62							
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18				/			68							
19				/			69							
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21				/			71							
22				/			72							
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43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep			2				Total Indep							
Total Depend			23				Total Depend							
Total Claims			25				Total Claims							